

12-03-01

11/29/01



J1057 U.S. PTO

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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JCE11 U.S. PTO  
09/997554

<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	
	Filing Date	
	First Named Inventor	Timothy J. Whited et al.
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission	33	Attorney Docket Number 14105

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">New Specification</p>
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Autoliv ASP, Inc.]		
Signature	<i>Garry D. B.</i>		
Date	11/28/01		

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>11-28-01</u>			
Typed or printed name	Vickie Harris		
Signature	<i>Vickie Harris</i>	Date	11-28-01

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 978.00

**Complete if Known**

Application Number

Filing Date

First Named Inventor

Timothy J. Whited et al.

Examiner Name

Group Art Unit

Attorney Docket No.

14105

**METHOD OF PAYMENT**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit  
Account  
Number

500532

Deposit  
Account  
Name

Autoliv ASP, Inc.

- ☒
- Charge Any Additional Fee Required
- 
- Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status.  
See 37 CFR 1.27

- 2.
- ☐
- Payment Enclosed:

☐ Check☐ Credit card☐ Money  
Order☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

101 740 201 370 Utility filing fee

106 330 206 165 Design filing fee

107 510 207 255 Plant filing fee

108 740 208 370 Reissue filing fee

114 160 214 80 Provisional filing fee

Fee Paid

740

SUBTOTAL (1) (\$) 740.00

**2. EXTRA CLAIM FEES**

Total Claims	31	-20** =	11	X	18	=	198
Independent Claims	3	-3** =		X		=	
Multiple Dependent				X		=	

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 84 202 42 Independent claims in excess of 3

104 280 204 140 Multiple dependent claim, if not paid

109 84 209 42 \*\* Reissue independent claims

over original patent

110 18 210 9 \*\* Reissue claims in excess of 20

and over original patent

SUBTOTAL (2)

(\$) 198.00

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**Large Small  
Entity EntityFee Fee Fee Fee  
Code (\$) Code (\$)

105 130 205 65

127 50 227 25

139 130 139 130

147 2,520 147 2,520

112 920\* 112 920\*

113 1,840\* 113 1,840\*

115 110 215 55

116 400 216 200

117 920 217 460

118 1,440 218 720

128 1,960 228 980

119 320 219 160

120 320 220 160

121 280 221 140

138 1,510 138 1,510

140 110 240 55

141 1,280 241 640

142 1,280 242 640

143 460 243 230

144 620 244 310

122 130 122 130

123 50 123 50

126 180 126 180

581 40 581 40

146 740 246 370

149 740 249 370

179 740 279 370

169 900 169 900

Other fee (specify)

Fee Description

Fee Paid

Surcharge - late filing fee or oath

Surcharge - late provisional filing fee or cover sheet

Non-English specification

For filing a request for ex parte reexamination

Requesting publication of SIR prior to Examiner action

Requesting publication of SIR after Examiner action

Extension for reply within first month

Extension for reply within second month

Extension for reply within third month

Extension for reply within fourth month

Extension for reply within fifth month

Notice of Appeal

Filing a brief in support of an appeal

Request for oral hearing

Petition to institute a public use proceeding

Petition to revive - unavoidable

Petition to revive - unintentional

Utility issue fee (or reissue)

Design issue fee

Plant issue fee

Petitions to the Commissioner

Processing fee under 37 CFR 1.17(q)

Submission of Information Disclosure Stmt

Recording each patent assignment per property (times number of properties)

Filing a submission after final rejection (37 CFR § 1.129(a))

For each additional invention to be examined (37 CFR § 1.129(b))

Request for Continued Examination (RCE)

Request for expedited examination of a design application

40

SUBTOTAL (3) (\$) 40.00

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)

Sally J. Brown

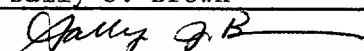
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(Attorney/Agent)

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Telephone

(801) 625-4934

Signature



Date

11/28/01

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